

95

No 11

On Uterine Hemorrhage.

M. Burroughs of Exbury.

before Town

N.W. corner of 8th & Arch

10 Mrs Hollingshead
Marmaduke Burrough

admitted March 28th 1820

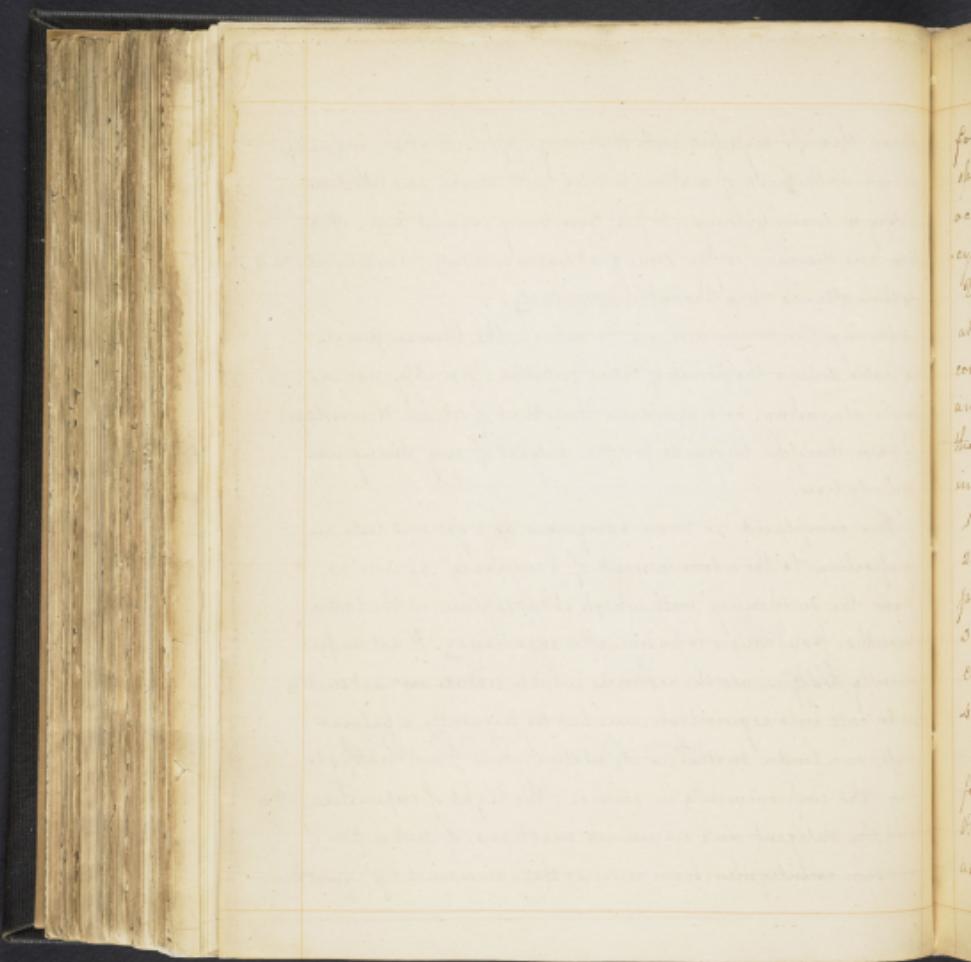
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Man, though dignified with the image of his Maker, any where placed at the first of creation, endued with reason and reflection, happy in many blessings; so far from being exempt from affliction and disease, is far more so than any thing more subject to their attacks than the inferior animals.

Among the many diseases to which the human female is liable during the period of utero gestation, probably none is more alarming, or hazardous than that of Alvine Hemorrhage. I have therefore chosen it for the subject of my Inaugural Dissertation.

This complaint is more dangerous, as a general rule in proportion to the advancement of Pregnancy, as well as from the suddenness with which it takes place in the latter months, from causes to be hereafter mentioned. It not unfrequently baffles all the resources which nature and art enable us to call into requisition, and but too frequently a beloved wife, or a tender mother is its victim. But I am happy to say, the improvements in science, the light of experience, and the diligent and unceasino exertions, of not a few of our own countrymen, have rendered these cases much less frequent than



formerly. Uterine Hemorrhage, as the term implies, is strictly speaking, an immoderate discharge of blood from the uterus occurring at different periods of life, either during Pregnancy, or in the empty state of the womb.

Uterine Hemorrhage, as I have stated, may take place at different periods of life, but in the present day, I shall confine my observations, to those attendant on pregnancy, and parturition. agreeable to German, and some other of the more modern writers. I shall divide this complaint into four Periods.

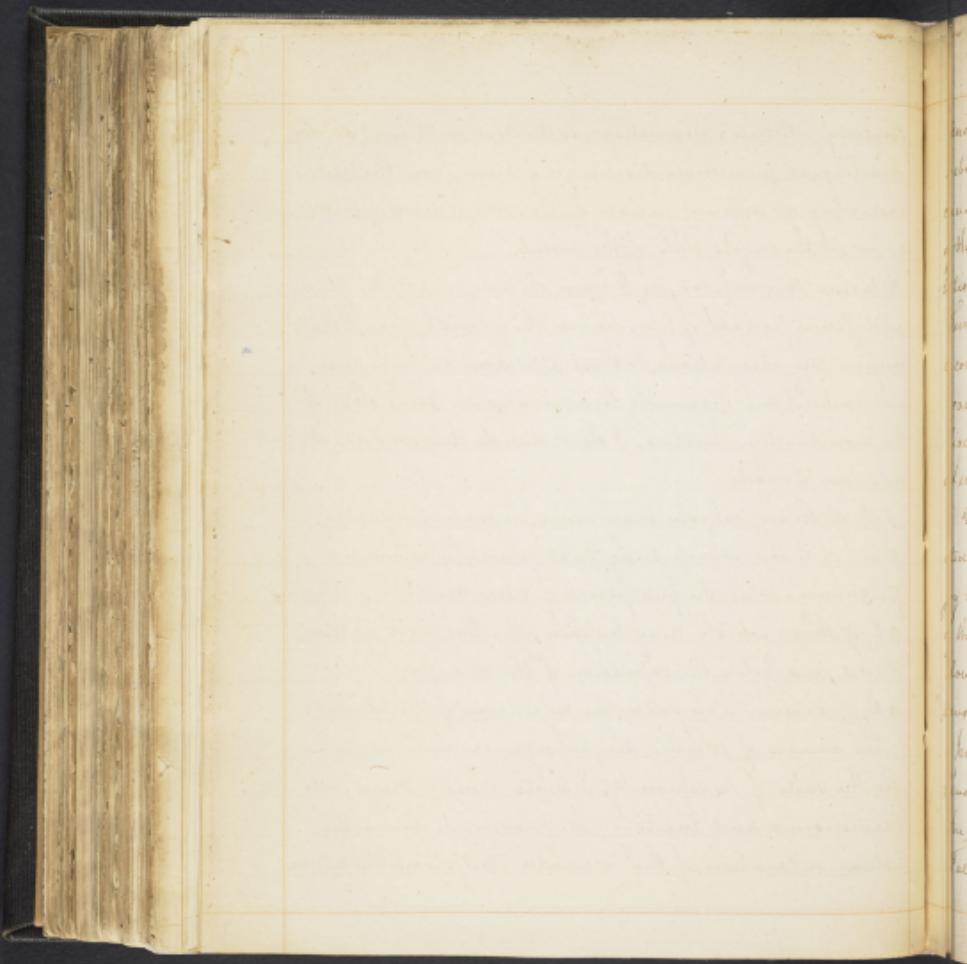
1st of those which may occur, in early pregnancy.

2nd. Of those which may take place, in advanced pregnancy, or at the full period of utero gestation.

3rd. Of those which may happen after the birth of the child, and before the evulsion of the placenta.

4th. Of those which follow the evulsion of the placenta.

The causes of Uterine Hemorrhage are various, and for the sake of perspicuity, I shall divide them into Predisposing and Exciting, the proximate being the actual separation, of the placenta itself, from the uterus.

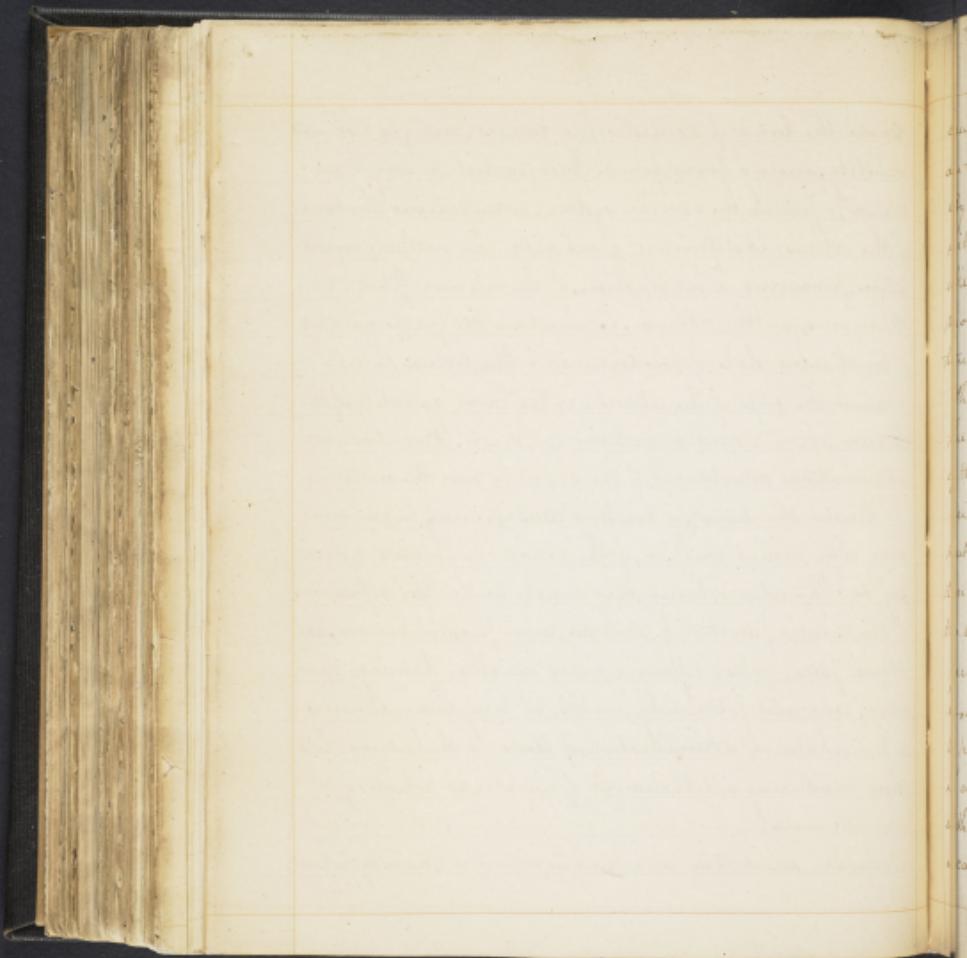


Under the head of Predisposing causes, may be reckoned debility, arising from fever, meager diet, or any other cause, affecting the animal system, or impairing the tone of the uterus. A deficiency of vis viva; an irritable constitution, producing a contraction, of the uterine fibre;

Gumous, in the uterus, preventing the parts yielding; a constipated state of bowels, causing the rectum to press against the side of the uterus; A too large quantity, of the liquor amnii; and a hysterical diarrhoea. But above all an unnatural attachment, of the Placenta over the os uteri.

Under the head, of exciting causes, may be enumerated are violent emotion, of the mind, as frights, anger, joy &c. The uterus, being very much under the influence of the mental functions. But the more frequent causes, are blows, falls, jolts, lifting of heavy weights, dancing, running, long and fatiguing walks, or any thing, causing a hurried, unnatural distribution, of blood to the uterus, and thus producing a detachment of a part, or whole, of the placenta!

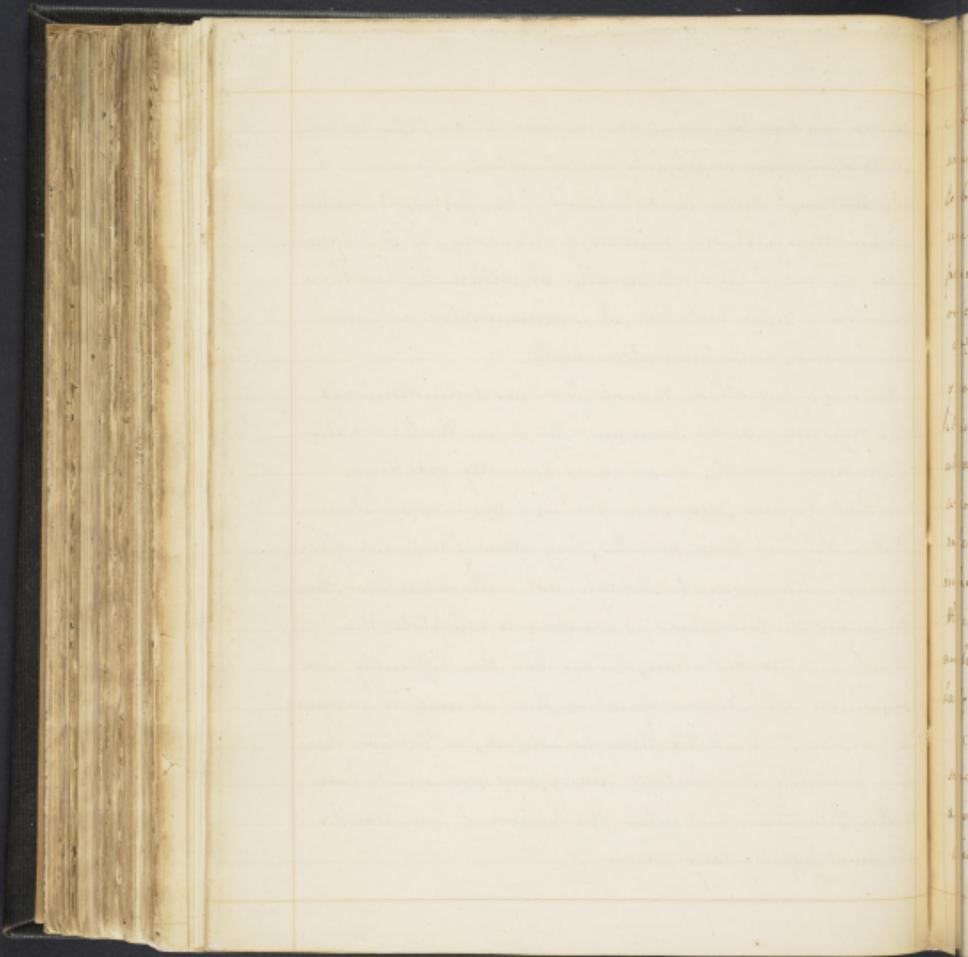
Falls are said to be and, may be considered, as very frequent



causes of abortion, as all the muscles, in the act of falling,
are thrown more or less, into violent action.

By Abortion, I mean an expulsion of the foetus, at any time
within the first six months, of Pregnancy; if it happen
after the eve, of the sixth month, or within the last three
months of Utro gestation, it is denominated a prema-
ture labour, or a premature birth.

There is a practical reason, for this distinction, says
the experienced Dr. Drennan. "For before the termination
of the sixth Month, these cases generally speaking,
neither require, nor even admit, of manual assistance.
But in the last three months, they allow of manual assis-
tance, if it be required. Though not with equal ease, for
the longer the time that is wanting to complete the
period of Utro gestation, the greater the difficulty will
be, which attends any operation, that it may be necessary
to perform." To which may be added, we believe there
is a possibility of a child's living, and doing well born
within this term, but before the period of six months
it cannot probably long survive.

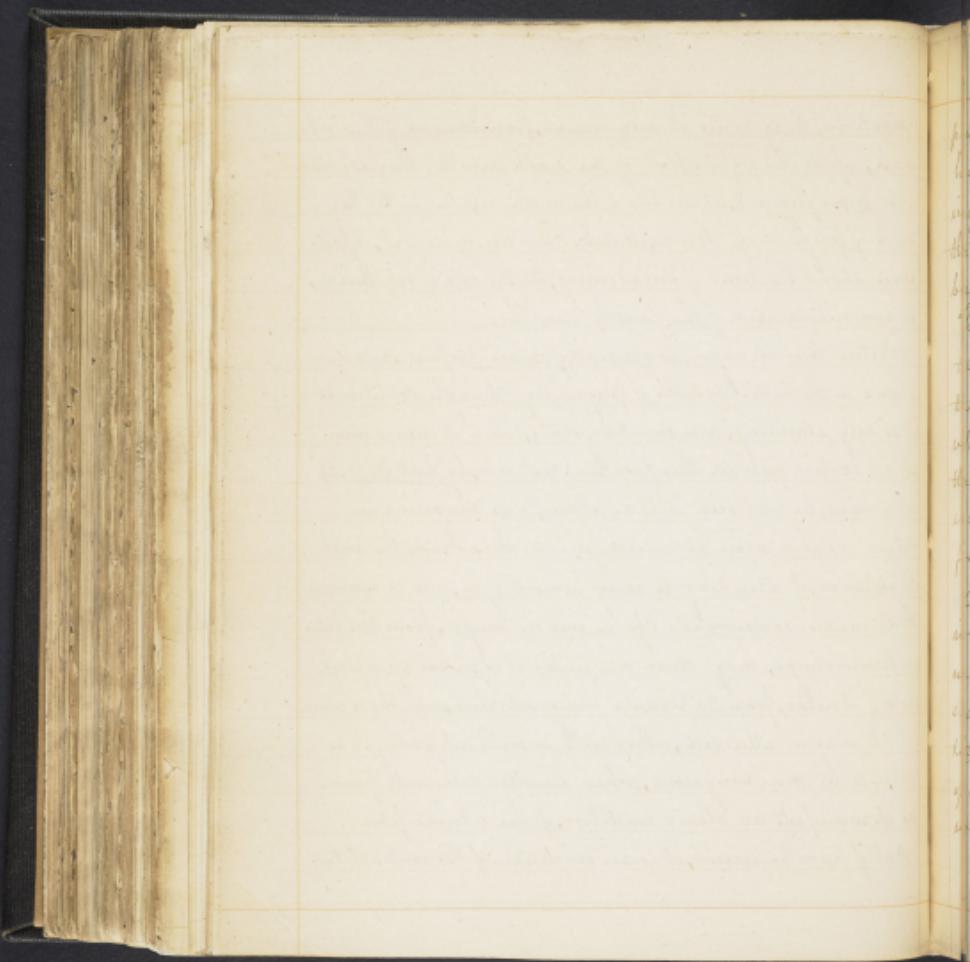


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Abortions, may occur at any period, from the end of the sixth week, up to the expiration of the ninth month. They are said to be more frequent, at the end of the ninth, eighth, or tenth, week of pregnancy. During this time they are more apt, to take place about the time of quickening, or the end of the third, or commencement of the fourth month.

Tetanic Hemorrhage, is generally, more profuse, and dangerous in the latter months of pregnancy; though sometimes it is very alarming, and even dangerous, when it occurs even at an earlier period. This fact was noticed, by Sout de Gres who says, he has seen it take place, to as dangerous an extent, at a more advanced period. This shows the vast importance, of attending to early hemorrhages, and to ascertain their causes, as a woman's life is ever in danger, from the time an hemorrhage, may come on, until it is relieved; particularly if it arises, from the placenta being situated, over the os uteri.

It may be attended, either with or without pain, it is said to be more dangerous, when unattended with pain, as it manifests an atomic condition, of the tetanic fibre. But if pain be present, it is an evidence of the contractile

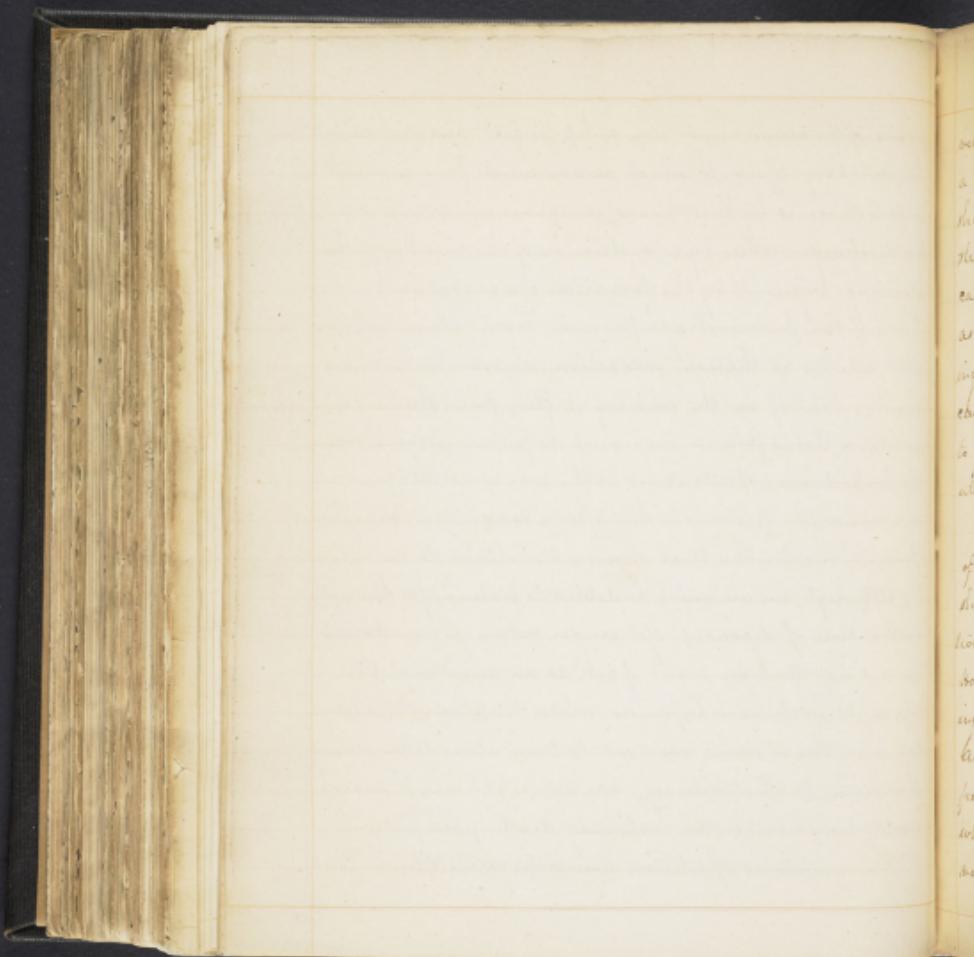


powers of the uterus being more or less perfect, and Nature by her salutary efforts, to which we owe much for our success in practice, is by this means endeavouring to suppose the discharge, either by a constriction of the mouths of the bleeding vessels, or by the formation of a coagulum.

This, if the hemorrhage proceeds from small vessels, the uterus is thrown into action, and contracts upon them. But if, on the contrary it flow from the larger vessels, a clot is formed, impeding its further progress. Hence the importance of attending to the rule of not making an examination per vaginam after a coagulum, may have formed, or when the blood shows a disposition to coagulate.

Although we are much indebted to nature, for her art in the cure of diseases, yet under certain circumstances we are not too loofe sight of art; as an auxiliary. For example in the case before us, where the placenta is settling over the os uteri, were we to trust alone to the powers of nature to effect delivery, our anticipations of success would result but in the untimely death of our patient.

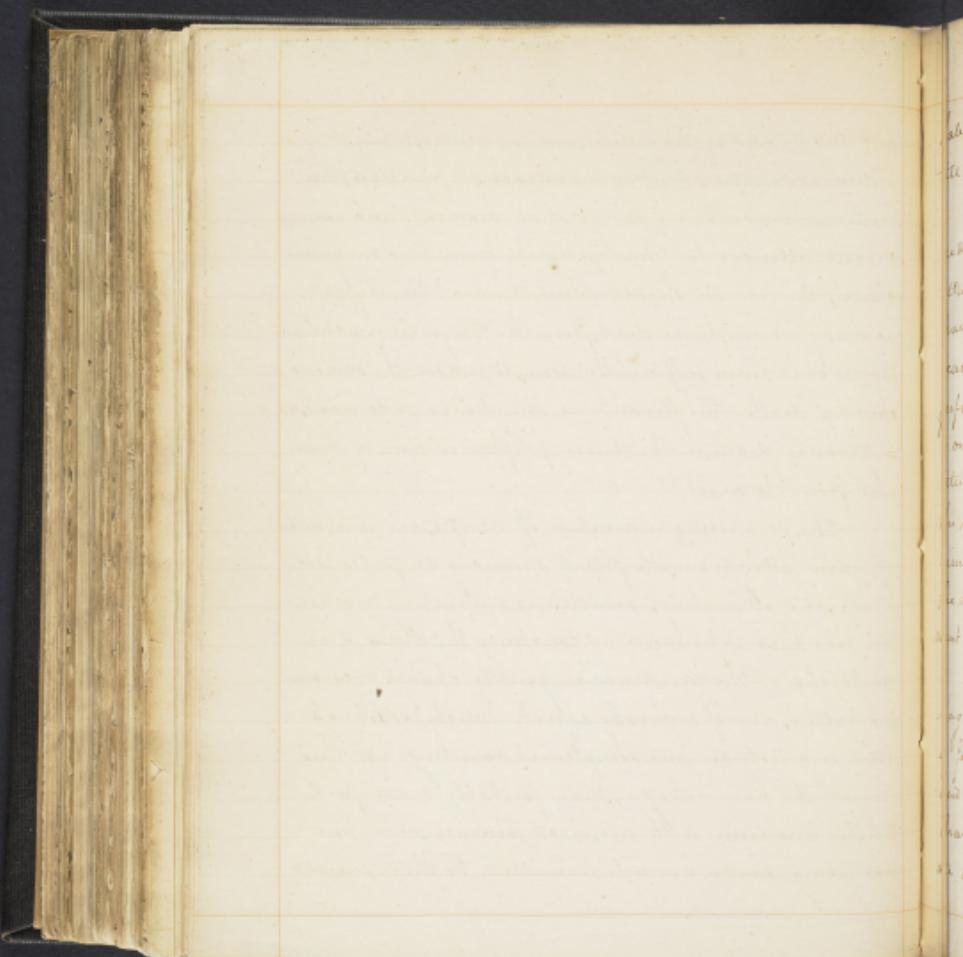
The symptoms of uterine hemorrhage are often at first



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very slight, and by the patient, and her friends, thought of
a trivial nature. But by the attending Physician, they
should be considered of the greatest moment, and always
nichely attended to. Thus if it arise from this sanguous
cause, the woman should obtain the most timely aid,
as many women have done, from the Physician, not hav-
ing reached them sufficiently soon, to remove the obvious
cause of death. The flooding is sometimes so copious, as
to produce death, in the course of fifteen or twenty min-
utes from its onset.

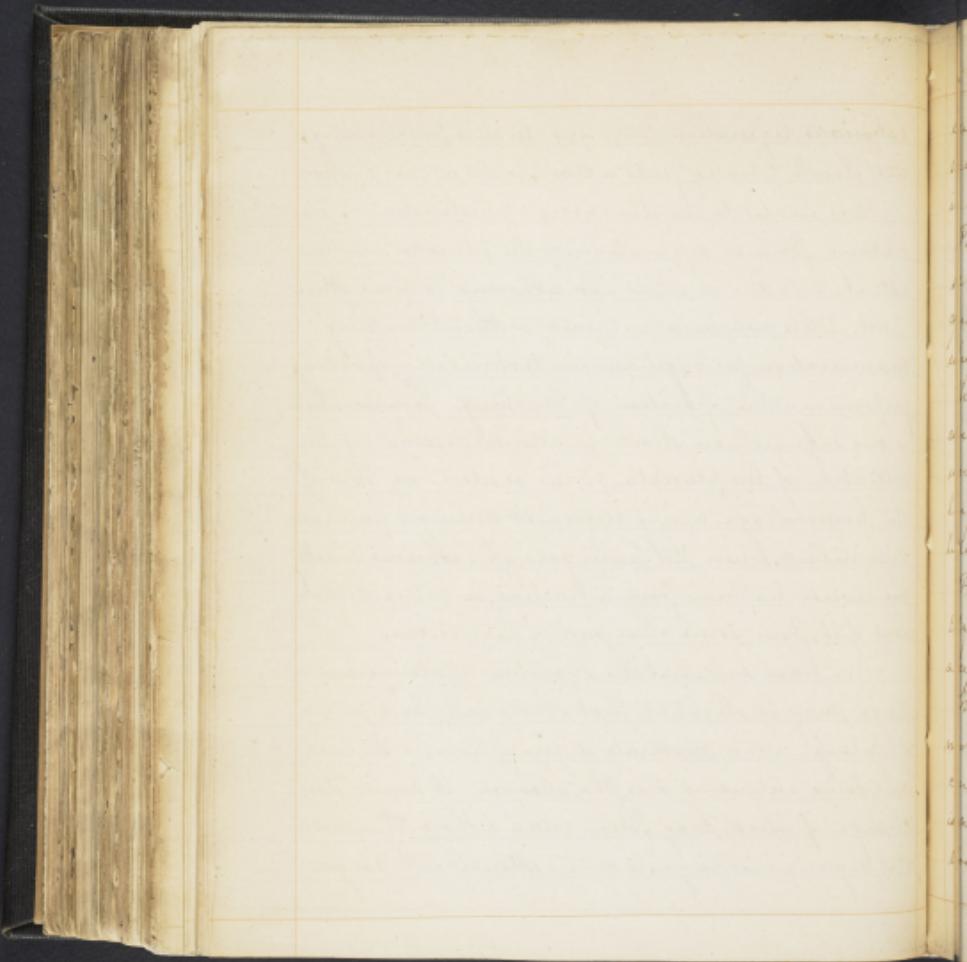
The strongest indications of danger, are an absence
of pain, attended with fits of shivering &c. pulse low,
shaky, and alternating, sometimes imparting a sensa-
tion like that experienced by touching the skin of an
harpiebird. The countenance gradually changes, becom-
ing pale, and of a deathly aspect. Much coldness,
and inquietude, but sometimes vomiting. At this
period the hemorrhage, may probably cease for a
while, and recur with increased violence, when the
vomiting shall have intermitte^d. To these succeed



laborious respiration, dys- and mournful sighing,
till death finally puts a close, to the agonizing state.

As relates to the diagnosis of hemorrhage, proceeding from a separation of the placenta, whether attached to the os uteri, or adhering to some other part, little can be ascertained without making ministration per vaginam, or technically speaking performing the operation of Touching. However, there is one sign, which should be attended to, denoting the situation of the placenta, at the os uteri, viz That of the hemorrhage being increased during a pain, and diminished, when the pain goes off; whereas directly the reverse happens from a partia, or entire detachment of it, from some other part of that viscus.

We have said, that the symptoms of uterine hemorrhage may be slight at first; there may be a feeling of fulness, and a moderate degree of pain, in the back and loins extending over the abdomen. A small discharge of blood, may follow called a show. This moderate degree of discharge, is never attended with danger,

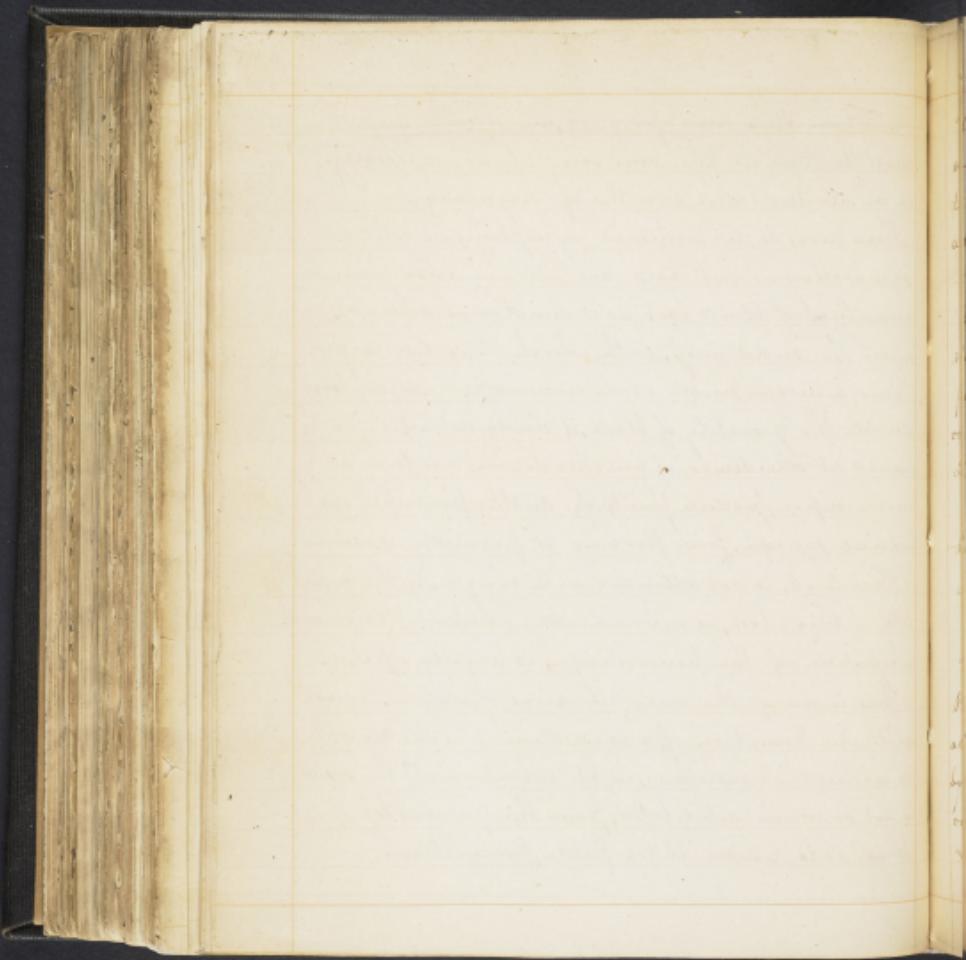


but from this time forward, we should keep the most watchful eye over our patient, especially if it be in the latter months of pregnancy.

Fainting, is no unusual symptom, in uterine hemorrhage, but does not always arise from the excretion of blood lost, as it sometimes happens, when the suddenness, with which it is discharged. Thus a person under some circumstances, may lose double the quantity of blood, if slowly detracted, as would at other times, if quickly drawn, and from a large orifice, produce fainting. On this principle we believe syncope, from flogging is frequently occasioned.

Fainting, is not attended with danger, if the quantity of blood lost, is inconsiderable, as when it does occur a cessation of the hemorrhage, is usually effected.

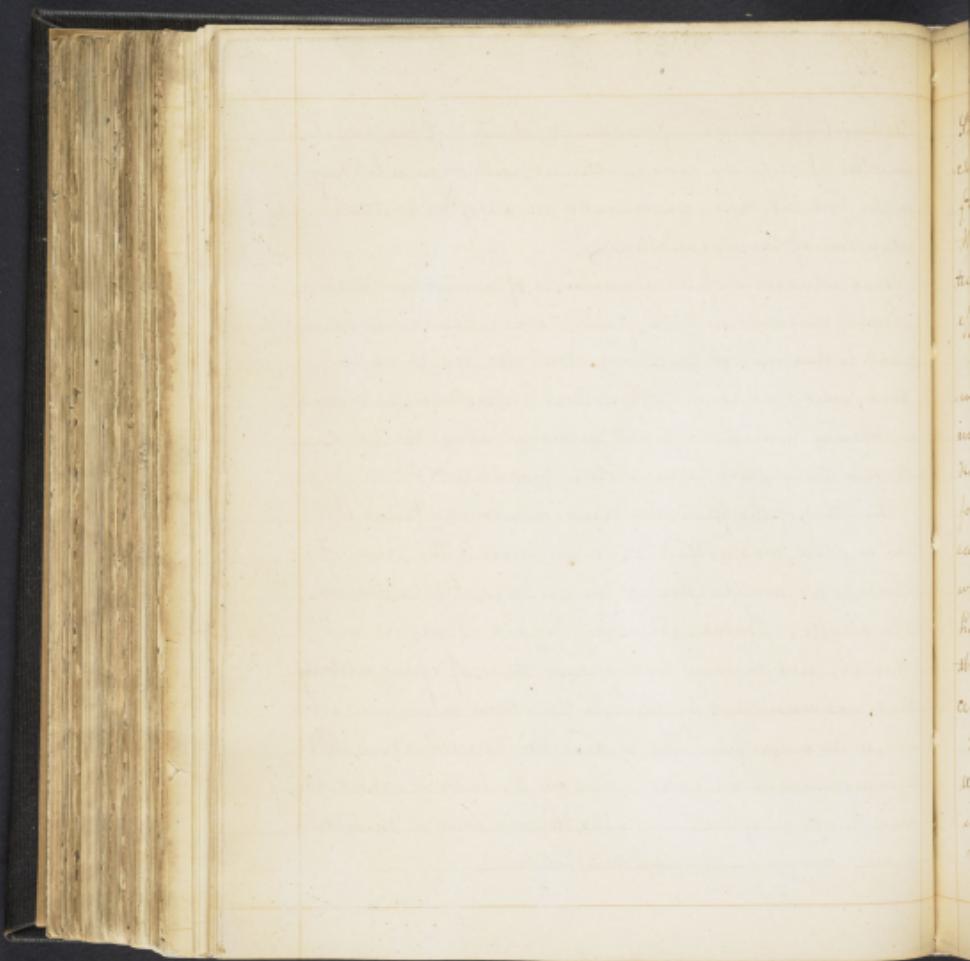
This is one of the wise provisions of nature, to promote the formation of a coagulum, which may be considered as salutary, in its operation, if the system is not so much debilitated, from the previous loss of blood as to render it too feeble, for re-action.



Hemorrhages arising from an attachment of the placenta over the os uteri are always attended, with more or less danger to the patient, and consequently demands, the earliest attention of the accoucheur.

This situation of the placenta, is of a modern discovery. Leoret in the year 1776, first proved its original attachment to this part of the uterus. But Dr. Rigby is the first, who speaks of its practical importance, in a work on uterine hemorrhage, and published about the time Dr. Bell's Gray first made its appearance.

The fact of the placenta being occasionally found at the os uteri, was noticed long anterior, to the time of Leoret, as may be seen in the writings of Clamitius, La Motte, Postac, Alvezch, Giffat, Imelle, and Hunter, not to mention many others, of equal celebrity. But was considered by them, to have been originally situated in the usual place, at or near the fundus uteri, and by some means detached, and by the laws of gravitation, or by the force of natural pains, thrown down on the os uteri. Vide Rigby on uterine hemorrhage.

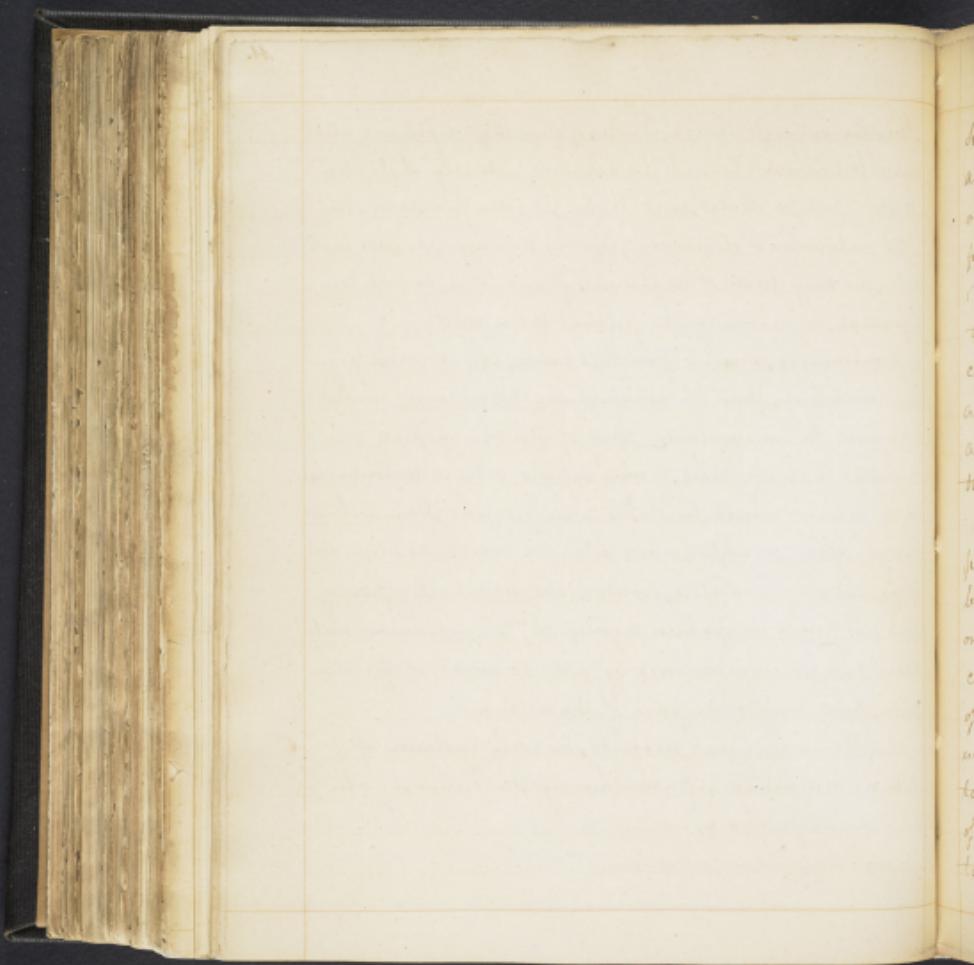


Pnelle suggests the possibility, of its being originally attached to this part, though he does not actually state the fact. But for Leoret, and Siebee, it remained, to make this interesting discovery, in the healing art, and institute, the only mode of treatment, found to be completely effectual, in regaining the patient from death.

Hemorrhages, arising from this cause, are of more frequent occurrence, than his unexperienced practitioner, might imagine. In the invaluable treatise of Siebee, we find one hundred and six cases, of well defined Uterine Hemorrhages, forty three of which, he states, were produced from a separation of the placenta, when situated over the os uteri, and which in all probability, would have terminated fatally, had not proper means been resorted to. The remaining sixty three cases, were occasioned by a detachment of the placenta, from some other part of the uterus.

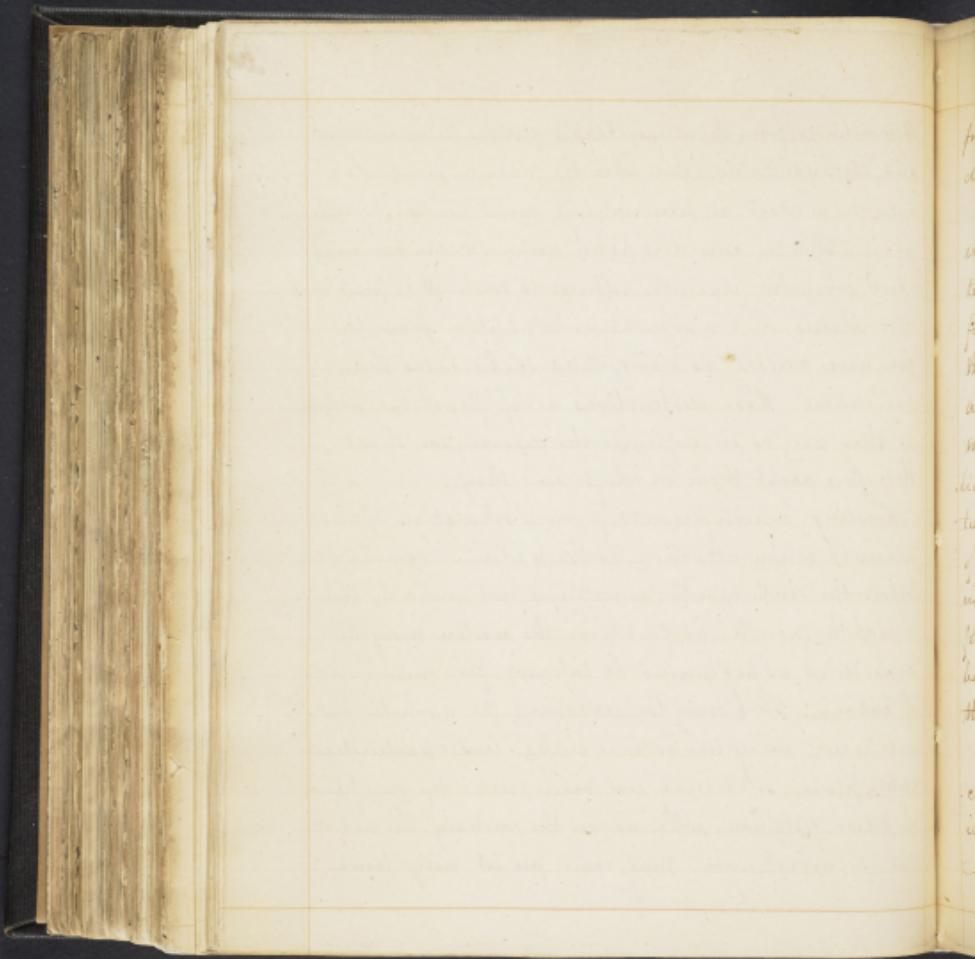
This shows the great necessity, in every instance of Uterine Hemorrhage, of ascertaining the cause, by which it may be produced.

With his first vol. Munday 1792



Hemorrhage from the uterus. Riolan divides into accidental, and unavoidable, thus when the placenta is situated over the os uteri, an hemorrhage must necessarily take place. This he considers as an unavoidable hemorrhage, and when the placenta adheres to some other part of the uterus, and a separation takes place from the common causes, as above, &c &c, he calls them accidental. These distinctions are of practical utility, as they aid us in defining the disease, we shall therefore adopt them in our present day.

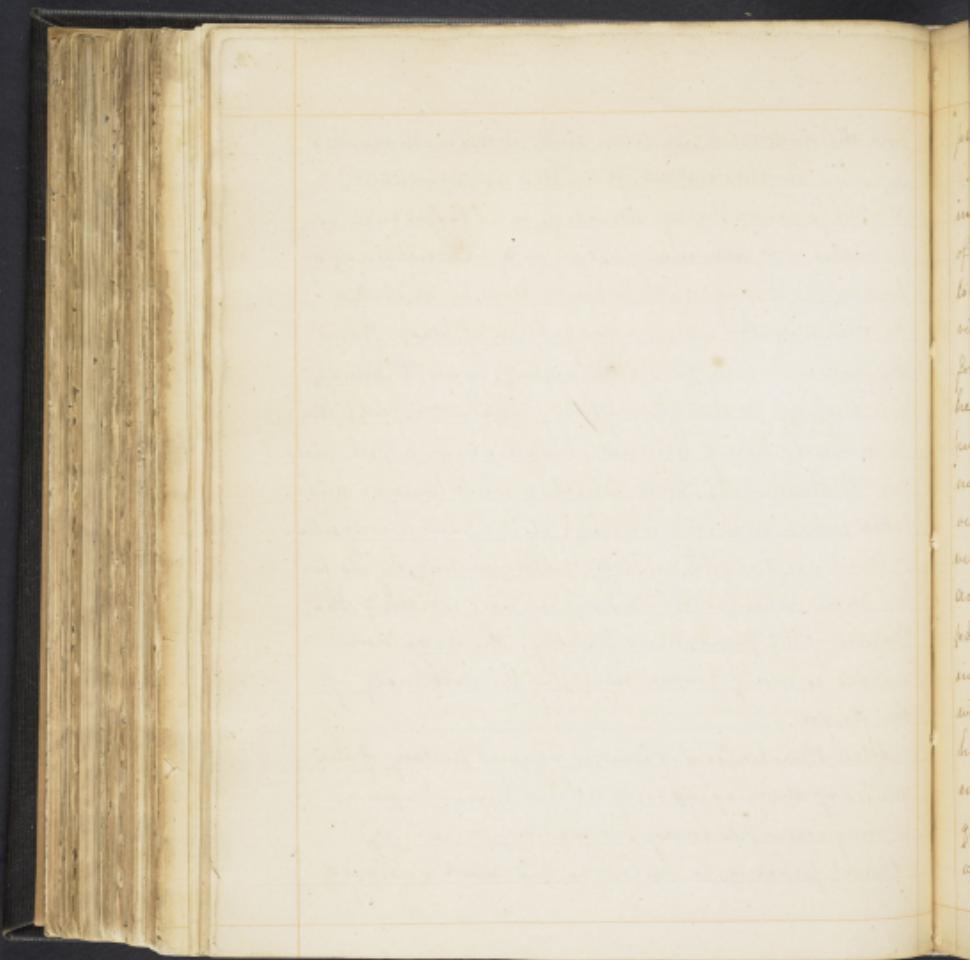
Roiling, which proceeds from a separation of the placenta when attached to the os uteri seldom happening before the sixth month; sometimes not until the seventh or eighth month, at this time the os uteri may be considered as beginning to expand, for the approach of labour. This may be restrained for a while, but will recur, every two or three weeks, until parturition takes place, or it may not occur until the full period of utero gestation, whereas on the contrary, the accidental hemorrhage, may come on at any time.



from the fifth week, up to the sixth, or the ninth months,
differing in this respect, from the unavoidable.

The Placenta being situated, so as to produce an
unavoidable hemorrhage, can only be ascertained by
touching. It may upon examination, be mistaken
for the membranes, or a coagulum of blood. From
the former it may be distinguished, by its thickness
and having a doughy, spongy, inelastic, feel; the
membranes being thinner, and having a feel peculiar
to themselves, and which cannot well be mis-
taken, when once experienced. But from a coagulum
of blood, it may be readily distinguished, by its be-
ing more irregular on its surface, and resisting the
pressure of the finger, more forcibly; the coagulum
besides is easily broken down, by the rotteness of
the finger.

After thus having given, a general history of the
causes of the propensity of uterine hemorrhage, as
it may occur, in early or advanced pregnancy,
I next proceed, to mention the most approved



plan of treatment.

It is obvious, that manual aid is improper, and even impracticable, during the first six months, the mouth of the uterus, not being at this time, sufficiently dilated to admit the introduction of the hand, without doing violence, to the soft parts; hence necessity calls loudly for such remedies, as seem best calculated to restrain hemorrhage. Thus if it arise from plethora, and the pulse be full and strong, I need scarcely say we should not hesitate, to detract blood from the arms, placing our patient in a horizontal position, in a cool and well ventilating apartment, enjoying the most perfect rest and tranquility, and confining her to a strict antiphlogistic regimen. The acetate of lead, may be given in doses of two or three grains, either alone or combined with Senna, and opium, and repeated every half hour or hour, or more seldom, according to the exigency of the case. If much pain exist, a larger quantity of opium may be added than of senna, &c. The saline draught may be administered.

and now we are about 1000 feet above the sea level. We have
crossed all streams and hills. We went down along a
gentle slope and at last we came to a small
quiet hollow. I found it to make a good camp
place over which was a low hill. I made
a fire at the base of the hill and when I had
set up my tent I sat down to eat my dinner.
I had a good meal of beans and corn
and some bacon and biscuits. I had a
good time eating and after I had finished
I lay down to rest. It was a very
quiet night and I slept well. In the
morning I got up early and ate a
little breakfast. I then packed up my
tent and started on again. I had a
good walk and soon reached the top of
the hill. From here I could see
the ocean to the west and the mountains
to the east. I continued on my way
and soon reached the ocean. I stopped
for a few moments to look at the water
and then continued on my way.

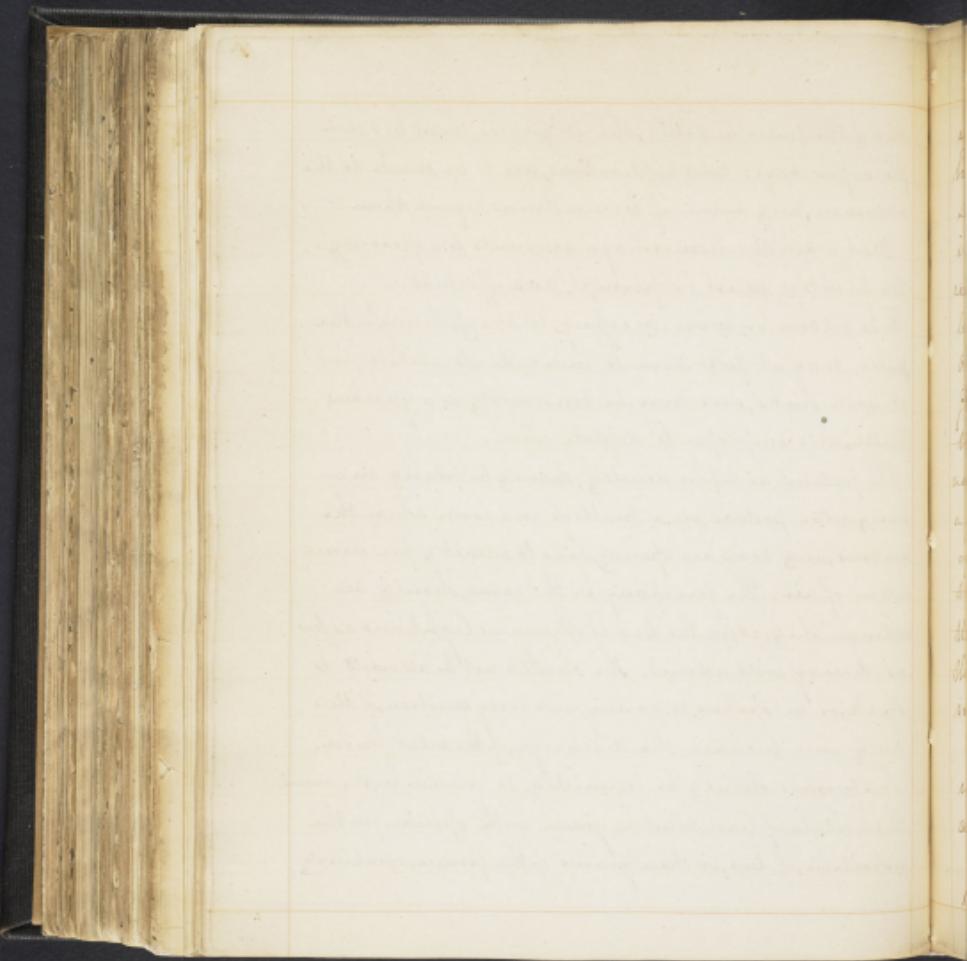
and if the pulse be a tach, the Digitalis must be given
for a few days; cold applications, are to be made to the
abdomen, and calva if circumstances require them.

But when the hemorrhage amounts to a gush,
the practice must be prompt, and effective.

It is seldom or never necessary, to bleed, though the
pulse may at first seem to indicate its utility, but
it soon sinks, and may be considered as a gaseous
pulse, and improper to deplete upon.

The patient as before directed, should be placed in a
horizontal posture, on a mattock in a room where the
windows, and doors are open'd, so as to admit a free circu-
lation of air. The fire if any in the room, should be
extinguishing; and the bed clothing, as light, and as few
as decency will admit. She should not be allowed to
speak, or be spoken to, as any, and every exertion, of this
kind will increase the discharge, of the vital fluid.

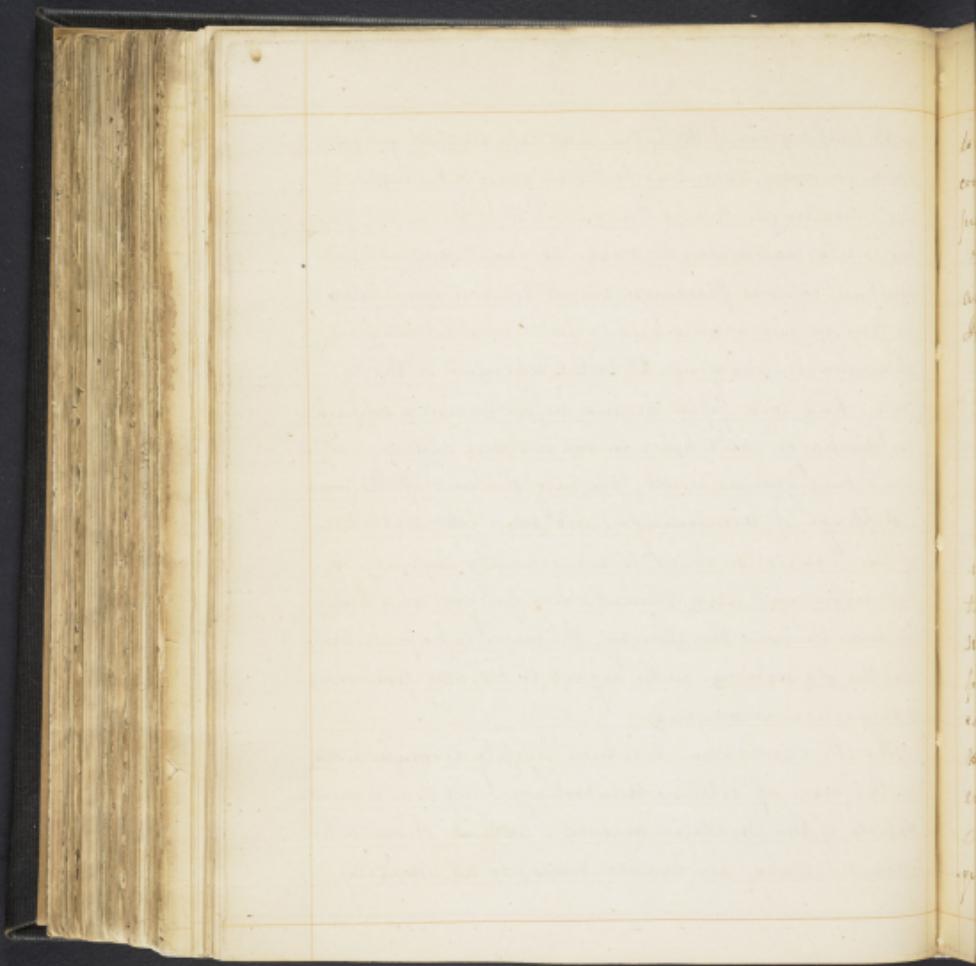
No persons should be permitting, to remain in the room.
The acetate of lead must be given with opium, in the
proportion, of two, or three grains of the former, combine^d



with half a grain of the latter, and repeating every half hour, or hours, according to the violence of the case.

Dr. Chapman thinks this quantity of the sugar of lead infinitely too small, and says no good whatever will result in copious bleedings, unless the dose administered be five or six grains and repeated at short intervals. Observing he has given it to the amount of thirty, forty, and even fifty grains before he could suppress the discharge, and never in one instance did any unpleasant consequences result, the only striking effects were a stoppage of hemorrhage, and some little irritation of the bowels, such as is occasionally induced by the more acid and stimulating purges. and states the more he uses the rimesy, the more is he persuaded that the old notions, with regard to its very poisonous nature, are erroneous.

The Specianum, has been highly recommended in the cure of uterine Hemorrhage, and is a valuable article of the Materia medica; but it should be given only in small doses, so as merely



to excite some degree of Menses, say one or two grains, combined with half a grain of opium, administered per rectum.

The sulphate of copper, is very favourably spoken of and recommended by Dr Fisher, in this disease. It is prepared in the following manner, for exhibition.

R: Sulph copper 3*gr*

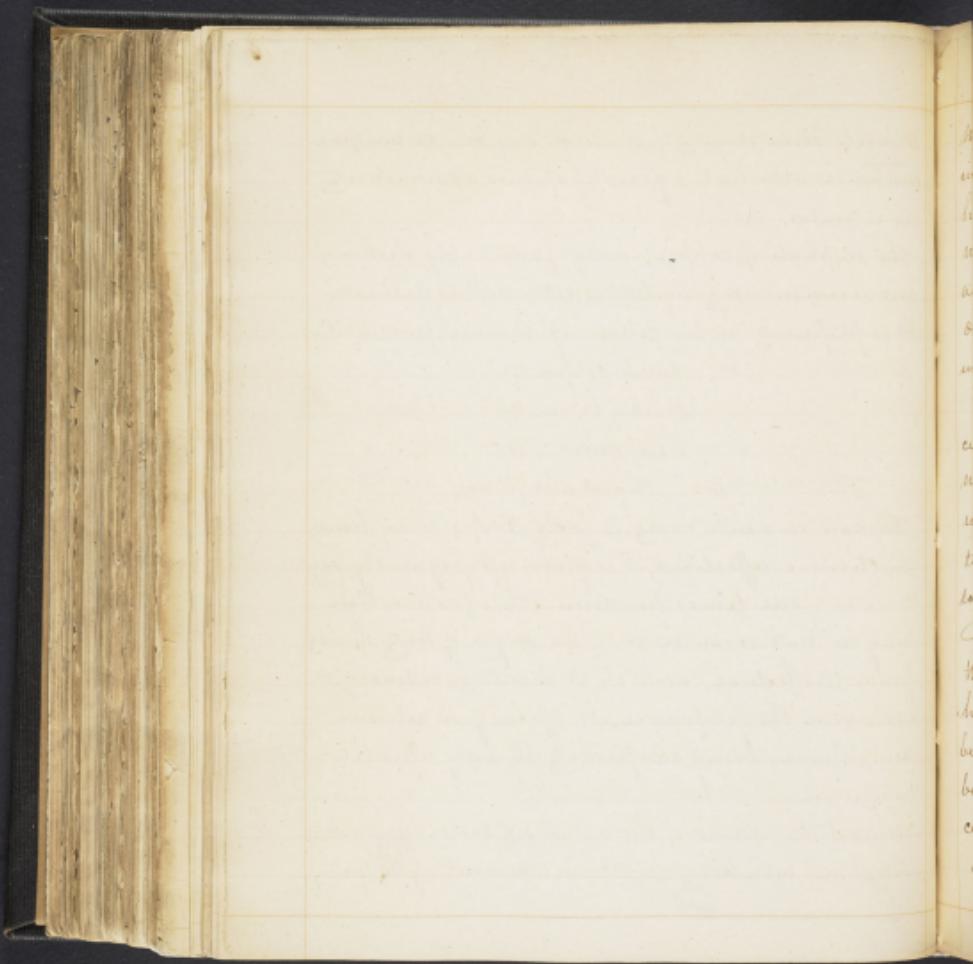
Bals of Copra 3*gr*

Proof Spirit. - 4*fl*

M. f. digest and filter.

The dose in acute cases, is forty drops every hour; in chronic affections, it is given less frequently, say three or four times per diem. This preparation may be had recourse to, if the sugar of lead should prove ineffectual, to which I should, in ordinary cases give the preference, its efficacy in uterine Hemorrhage, being confirmed by very repeated experience.

Almost the whole of the articles of the class of astringents, have been tried in uterine Hemorrhage. Many

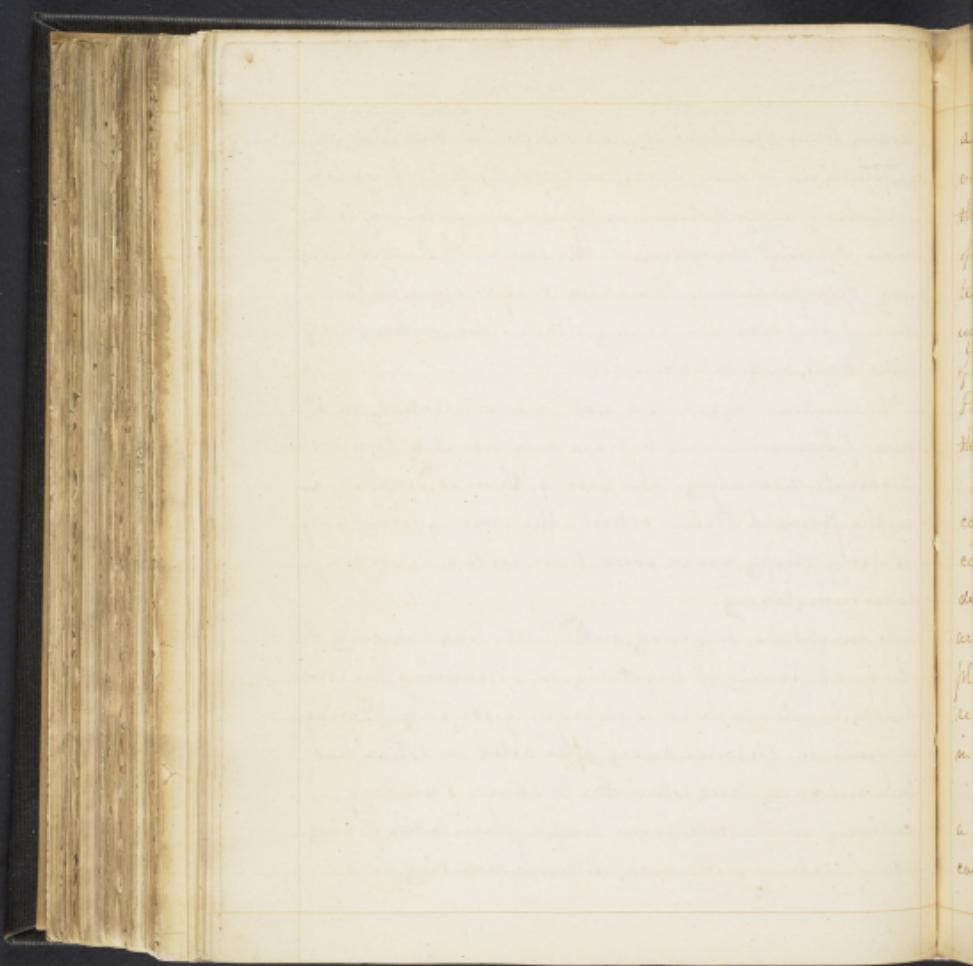


16.

Many have been rejected, and but few are now retained
in practice. Alum, Rhus, and Calochis, each of which
have long a reputation, but have now given way to the
more efficient remedy, of the sugar of lead, opinions
very remarkable. The alum may be given in the
dose of eight, or ten grains, either alone, or combining
with Rhus, and calochis.

The mineral acids, have not been overlooke^d, in the
cure of hemorrhage, but are only adapted to restrain
moderate discharge^s, the best of them is Sulphuric,
in the form of Elixir vitriol, the dose is from thirty
to forty drops, given every hour or two, according
to circumstances.

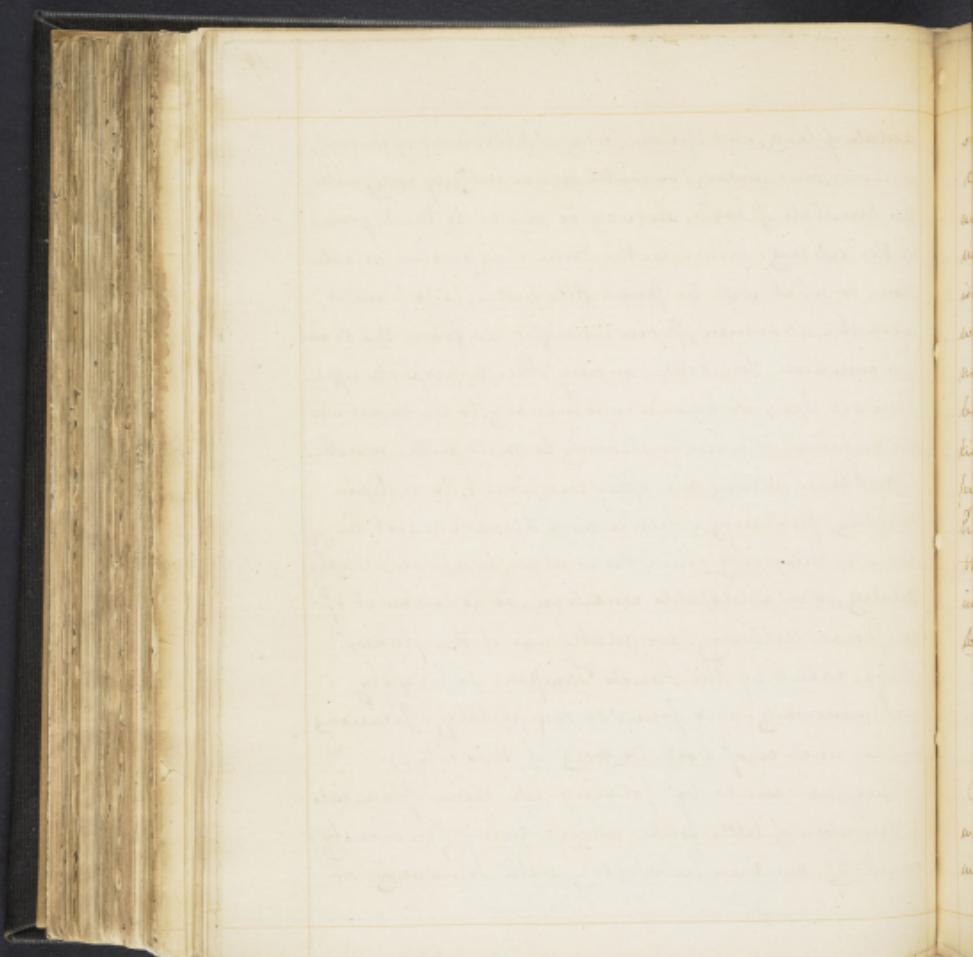
It might be suppose^d, not a little has been said of
the great powers of digitalis, in restraining hemorrhage,
but to which it is unproperly adapt^d. It may
be given in chronic cases, after arteria action has
been subdue^d, and when the bleeding, is not very
copious, in the dose from half a grain to two grains.
cooperating with such internal remedies, as the



acetate of lead, and opium, cold applications of water, vinegar, and water, or water made intensely cold, with the minute of soda, should be made to the region of the uterus, either in the form of a fussion, or ablation, or what will be found still better, is to pour it upon the abdomen, from a height as from the front of a common Teakettle, or any other appropriate vessel. Poultice has been recommended, to be thrust up the vagina, or a lump allowed to melt in the mouth.

But these means are often insufficient, to restrain copious flooding; hence as a dernier resort, in cases of this kind, when the os uteri, is not sufficiently dilated, or in a dilatable condition, so as to admit of artificial delivery; we make use of the flaxen plugs, called by the French Tampon, so highly recommending, and found so completely efficacious in the practice of Doct de Gees of this city.)

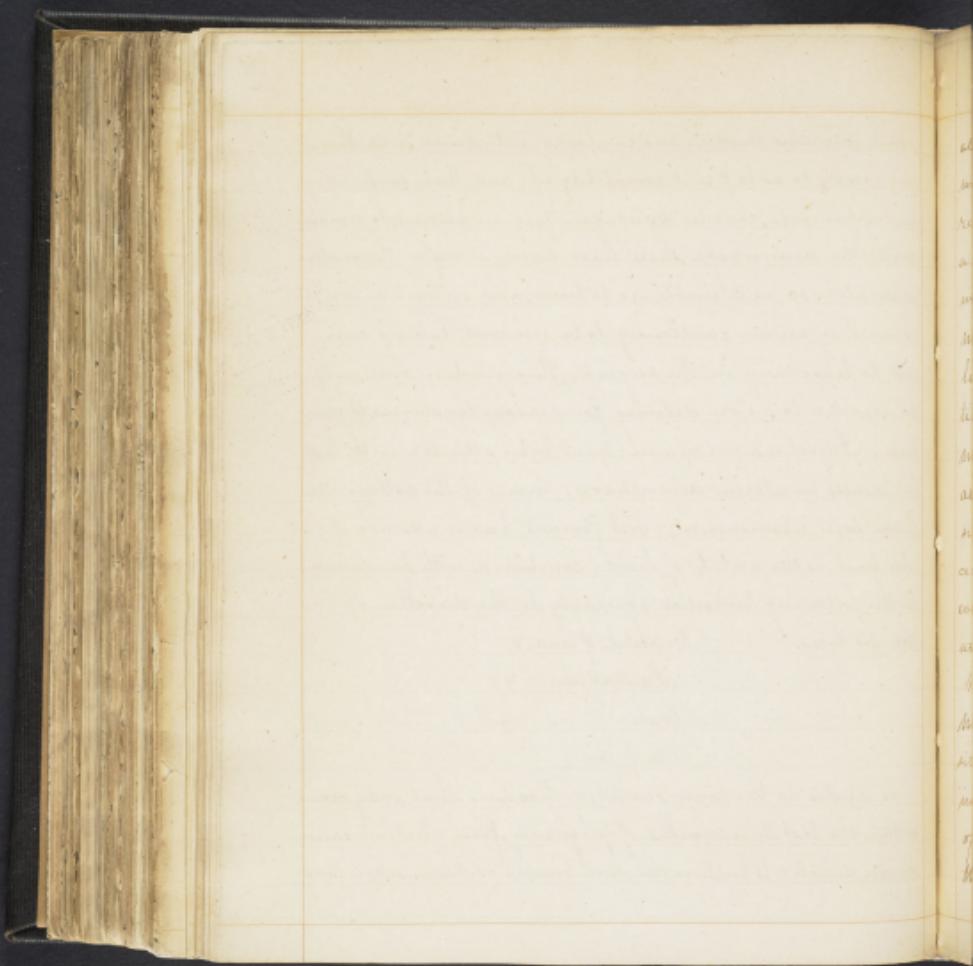
They are made by folding up clean flax, into a number of little pads, which being previously counted, are then lubricated with somolac, or



other unctuous Matter, and carefully introduced, into the vagina, so as to fill it completely up, and there confined by an appropriate, counter bandage. They are allowed to remain until the hemorrhage shall have ceased, or until the os uteri is dilated, so as to enable us to turn, and deliver by the fetus, when they are all cautiously to be removed, taking care, not to leave any in the vagina. This practice can only be resorted to before delivery for reasons too obvious to mention. Injections per anum, have been attended with happy results in uterine hemorrhage; many of the astringents, have been recommended, but few are, now, made use of; the best is the acetate of lead, combined with Sandaracum in the following proportion agreeably to the direction of Dr. De Mee. 1 1/2 R. Acetate of lead 3
Sandaracum 3 p
Water 3 iu

M. f. de.

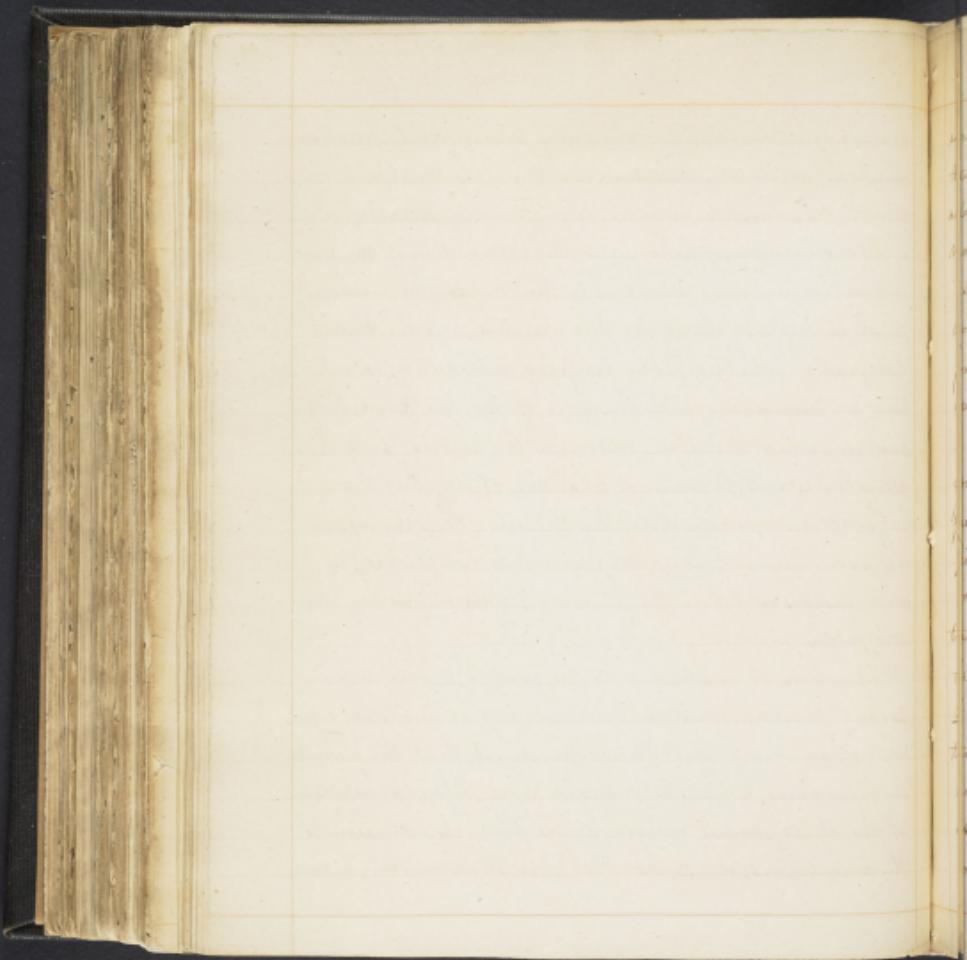
As relates to the management, of flooding, that may occur, within the last three months of pregnancy, from whatever cause, we are directed to rupture the membranes or turn, under every



alarming circumstance, especially where protraction would be attended with danger. But this must only be resorted to, where the os uteri, is sufficiently dilated, or in a dilatable state, so as to allow the introduction of the hand without doing great violence, to the uterus, the woman must be properly placed, for this operation, and the hand lubricated with lard, to be carefully introduced, to rupture the membranes with the nail of the fore finger; in the most dependent situation, evacuate the water, and thus allow the uterus, to contract upon the child, and then suffer nature to complete the delivery. This the experienced accouchier Rigby, says will be accomplished, in every instance where the placenta, is not originally situated, at the os uteri.

But when it is attached to the os uteri, a very different mode of practice, must be adopted, and is absolutely requisite. Chauveau, and La Motte direct, that the placenta in these cases, should be brought away, before the separation of the child, unless danger arises from its adhesion to the membranes, or uterus. But this should never be done,



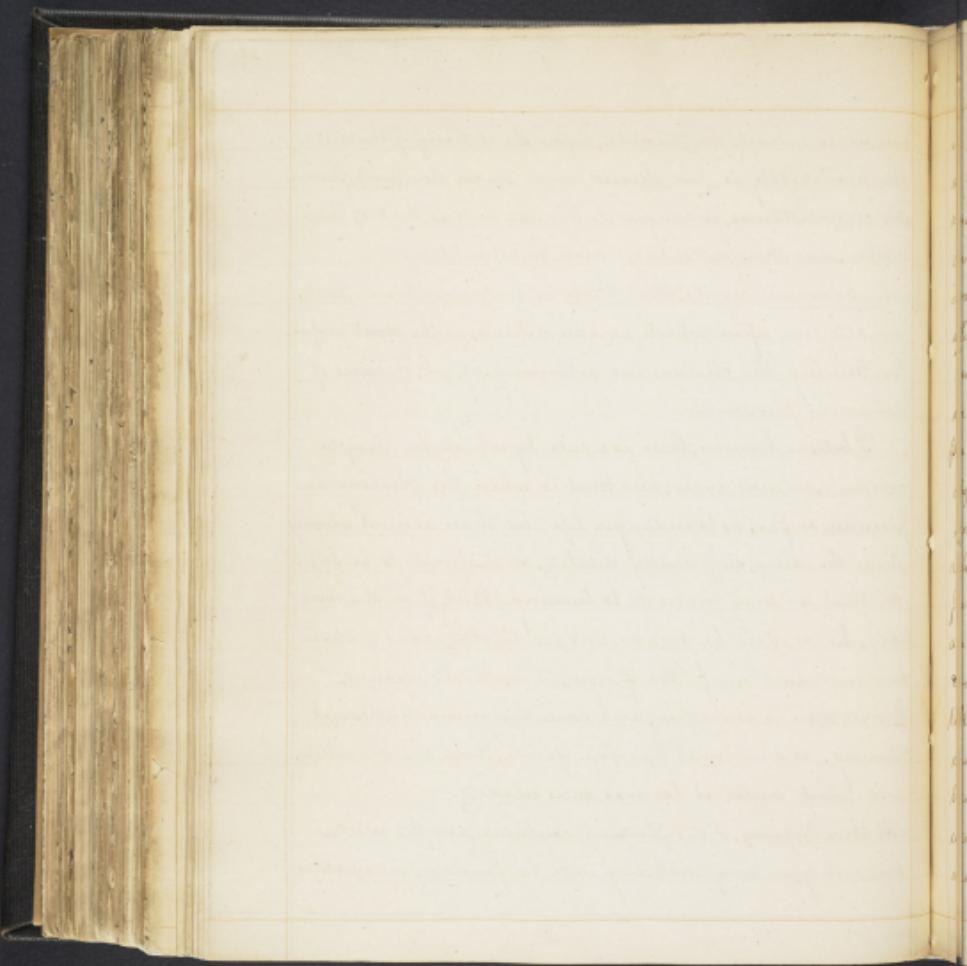


were in to extract the Placenta, before the delivery of the child,
the probability is, we shoues even under the most favour-
able circumstances, endanger its life, as well as that of the
mother, and therefore should never be attempted.

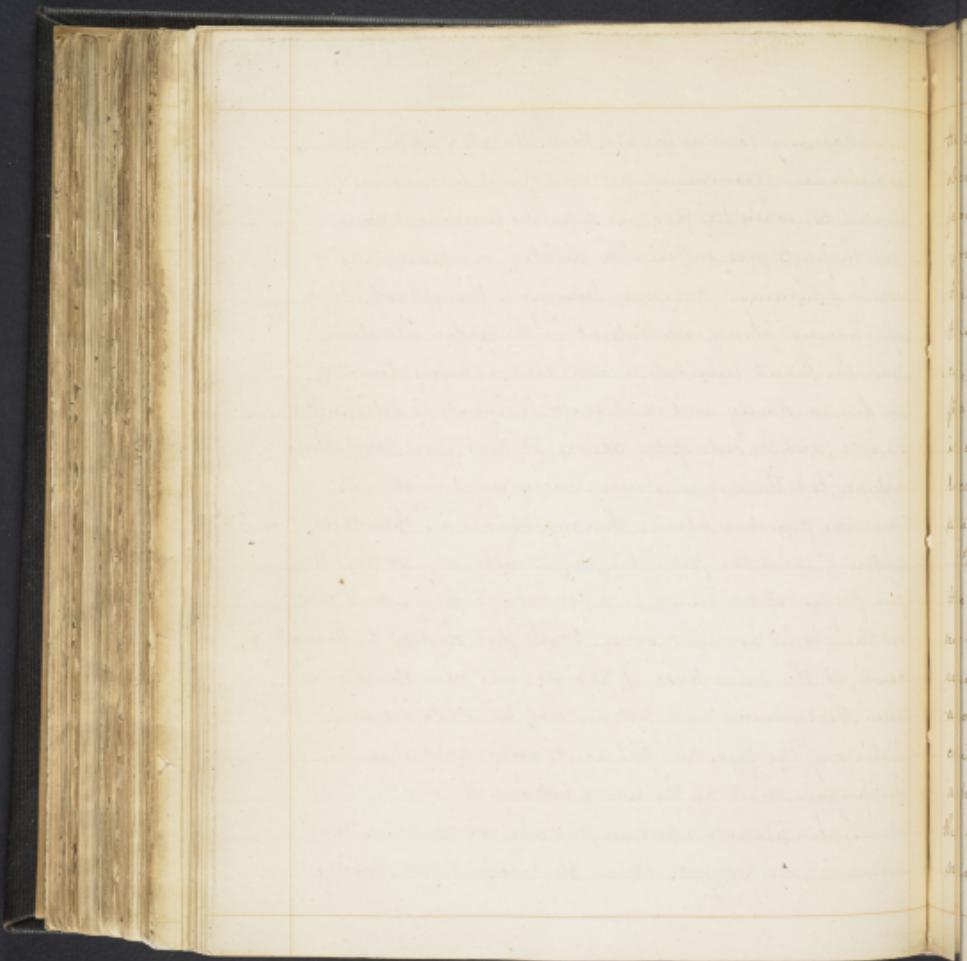
Dr. Seaman says, that there is no precise time纤毛
nor any rule upon which we can depend, as the most proper
for turning the child, and delivering by art, in cases of
dangerous flooding.

I believe however, there is a rule by which we may be
governed, in most cases, and that is when the flooding has
proceeded so far, as to endanger life. we shall almost always
find the uterus sufficiently dilated, or disengaged to be so;
so that we may proceed to turning. But, if on the con-
trary, the os uteri be rigid, and undilated, and if upon
the introduction of the fingers, it contracts upon it,
it will then be impeded, and even dangerous to attempt
turning, and we must therefore desist, from the operation,
and wait until it becomes more relaxed.

At this period, if the flooding continue, and the os uteri
does not give way, nothing will be found more effective



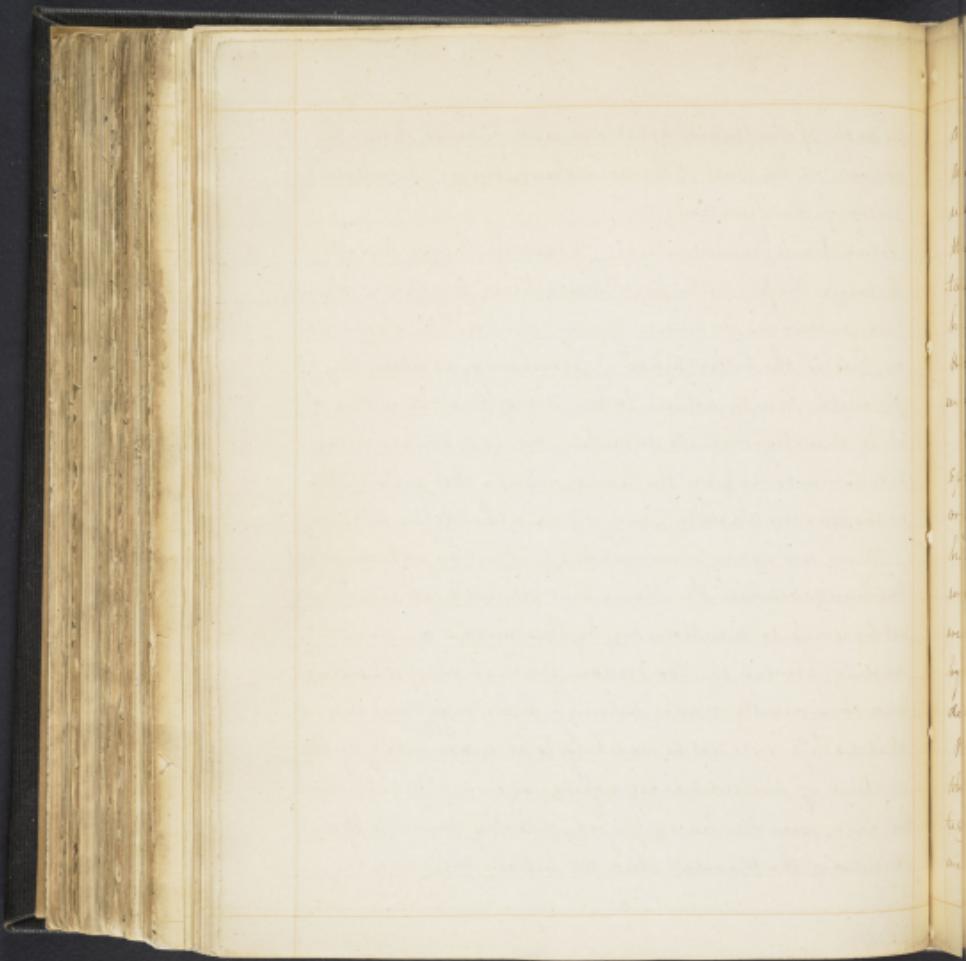
in restraining the hemorrhage, than plugging up the vagina, as heretofore recommended; and this should always be resorted to, when the flooding threatens imminent danger, and the parts not sufficiently dilated, or relaxed, so as to admit of turning. But when turning is thought expedient, after having placed our patient in the proper situation, and the hand lubricated with lard, as before directed, we should slowly and cautiously, insinuate it between the placenta, and the side of the uterus, at that place where there appears, to be the least resistance, carrying it high up, near the fundus uteri; the membranes are then to be ruptured, and the feet of the child embraced, so that the fore finger of the hand, be kept between them, and they are then to be brought down. Both feet should be brought down, at the same time, if possible, and care should be taken, that a hand and foot are not made to descend, instead of the feet. The feet are to be brought through the passage, made by the hand between the side of the uterus, and placenta, and in this way the child, is to be delivered, observing to bring the occiput out, under



the arch of the pubis. great care and firmness, should be observed on the part of the accoucheur, during the whole process of the delivery.

Some have recommended, to carry the hand directly through the placenta and thus deliver the child through this passage. Dr. James Franke under certain circumstances, thinks this is the better mode of proceeding, as when the placenta firmly adheres to the uterus, and the centre of it is directly over its mouth. But as a general rule, he recommends passing the hand, between the side of the uterus, and the placenta, and deliver, as heretofore directed.

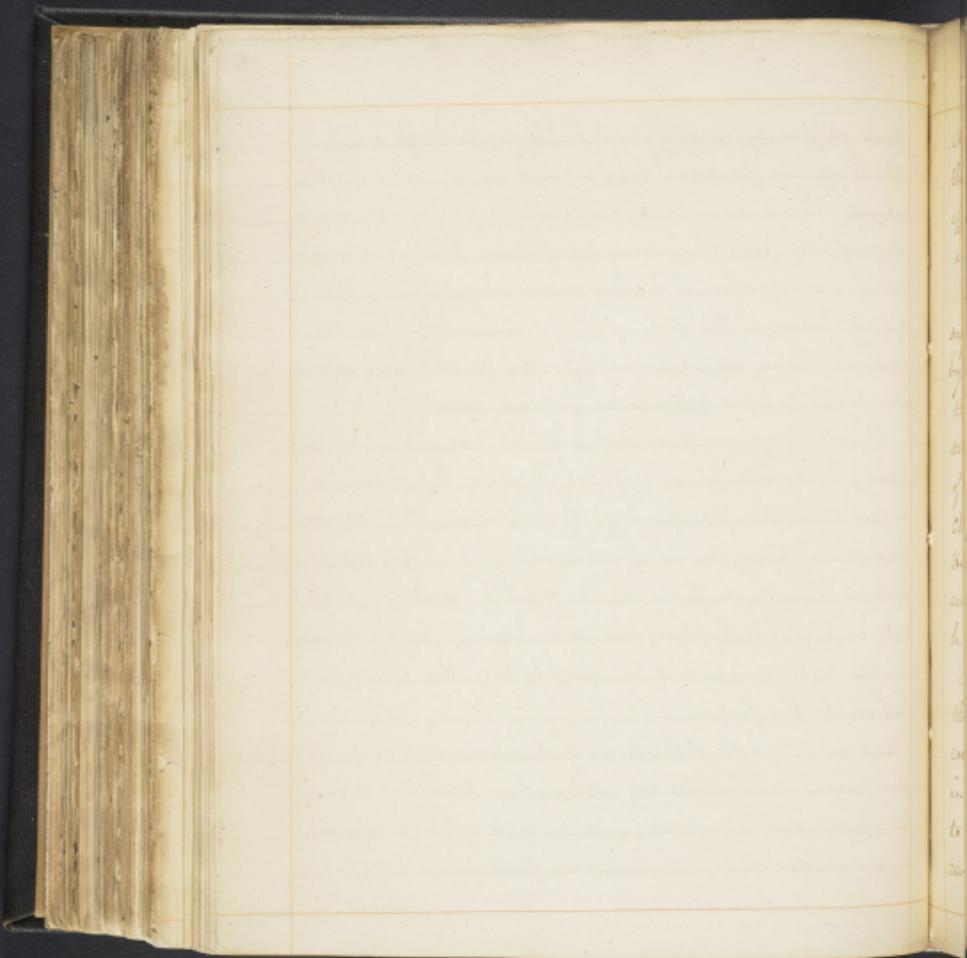
There are some advantages, attendant on introducing the hand, between the uterus, and placenta, which it may not be amiss to mention, viz by this means we more readily prevent the too sudden evanescence of the waters, and consequently render delivery more easy; and the child's life will not be so likely to be endangered by the rupture of the umbilical vessels, as would perhaps be the case, were the hand passed directly through the middle of the placenta. And we believe there will be



more difficultly, in bringing the child, through a hole made in the placenta, than between the placenta and the uterus. These advantages, over those of probing the head through the placenta, may be of some practical importance, and therefore I should recommend, passing the hand between the side of the uterus, and the placenta. However theory must suffice, for the present, and experience teach me the better mode of management.

Flooding, (as we have stated in the early part of this Essay) may come on at different times, of intermission or not until the full period. If it come on after labour has commenced, the head remaining high up, and the woman having suffered much from the discharge, it will be right to rupture the membranes, if not ruptured by the natural pains of labour, to turn the child and deliver by the feet.

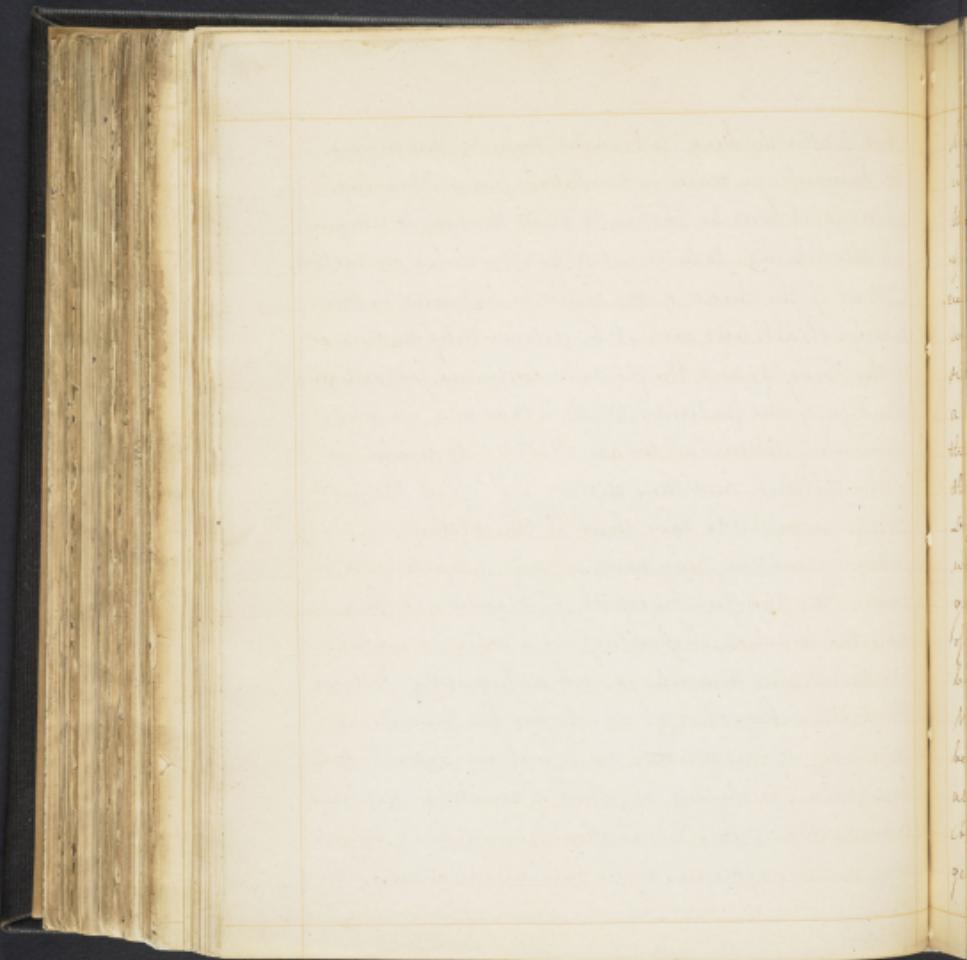
But when we find the head of the child, low down in the pelvis, and where the waters have been long evacuated, labour pains weak; and the hemorrhage copious, we are under these circumstances, to deliver with the forceps.



And if after the head is brought down by this means, the hemorrhage ceasing, and labour pains appearing, sufficient it will be proper, to allow the body to sustain in the uterus, to be expelled by its natural contracting.

But if the head of the child, be impacted in the superior strait; and cannot be delivered, by nature or by the forceps, and the flooding continues, jeopardizing the life of the patient, what is to be done in this mournful dilemma? we are directed to make use of the scrotchet, and thus destroy the life of the poor chil^d, in order to save that of the mother. But Heaven grant! it may never be my misfortune to be under the painful necessity of resorting to this horrid practice, or of witnessing a scene so awful.

A threatening hemorrhage, not unfrequently follows the birth of the chil^d, and before the placenta is delivered; if this threaten the life of our patient, the indication, is obvious, viz. that of exciting the uterus to contraction; this end is often accomplished, by pressure on the abdomen, or by the introduction of the

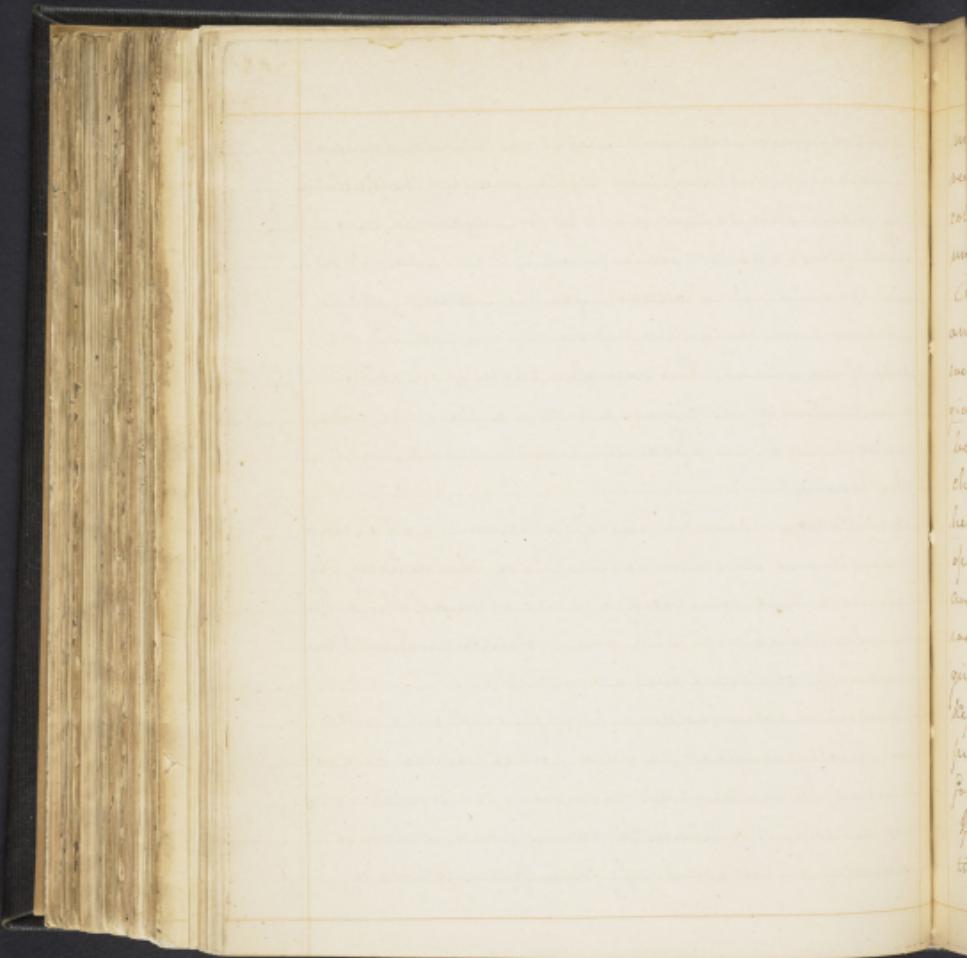


27.

hand, to bring away the placenta; but if after having introduced the hand, and gently separated the placenta, the blood still continues, to be poured out in large quantities, and the tonic power of the uterus, not sufficient to cause it to contract, upon the uterine vessels, we may with impunity, put our fingers against the side of the uterus. This will often succeed in exciting a contraction of its fibres, and thus co-operating with the same end, the abdomen may be rubbed, with the hand.

Dr. Lee says he has often prevented a flooding when it was intended to take place after delivery, by giving a small compoſe^d of three grains of the sugar of lead, combined with one of opium, a short time before the delivery was accomplished.

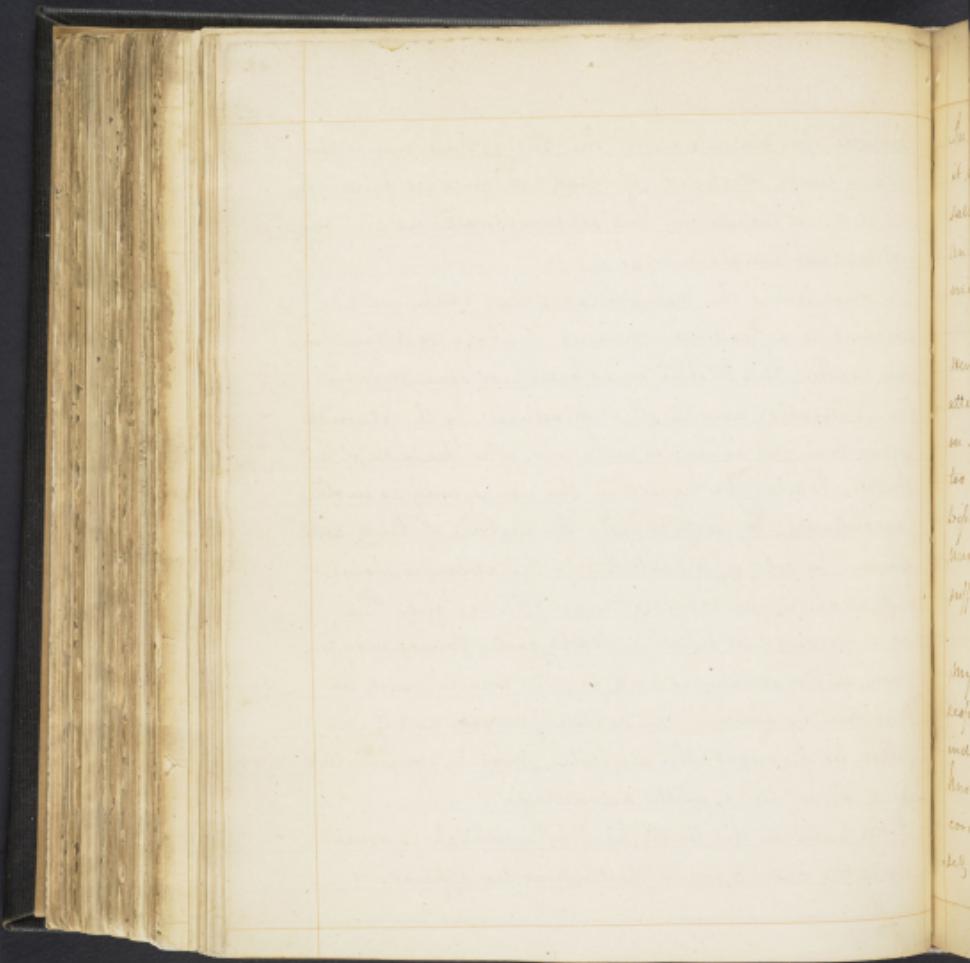
Women in every instance, after parturition should be strictly confined, to a horizontal posture, and not allowed to be raised up, or moved, for several hours. At the time the placenta comes away, which is generally in the course of from fifteen, to twenty,



minutes after the delivery of the child, there may supervene a large discharge of blood which had previously collected, in the uterus. This seldom produces any very unpleasant consequences.

At other times the hemorrhage, may continue an amount to a flooding, causing syncope, and sometimes even death. This discharge is called by some Menorrhagia Postpartalis, and is often produced, by the placenta being brought away too suddenly, after the birth of the child. It may be treated in the usual way as in other hemorrhages, by perfect rest, the acetate of Lead, and opium, by cold applications, to the abdomen, loins, and vagina, and by astringent injections. The room should be kept perfectly cool. Tonics may be given, as the sulphuric acid &c. The bowels must be kept open by some of the saline purges, and if the pulse be frequent, the digitalis, may be administered for a short time, with advantage.

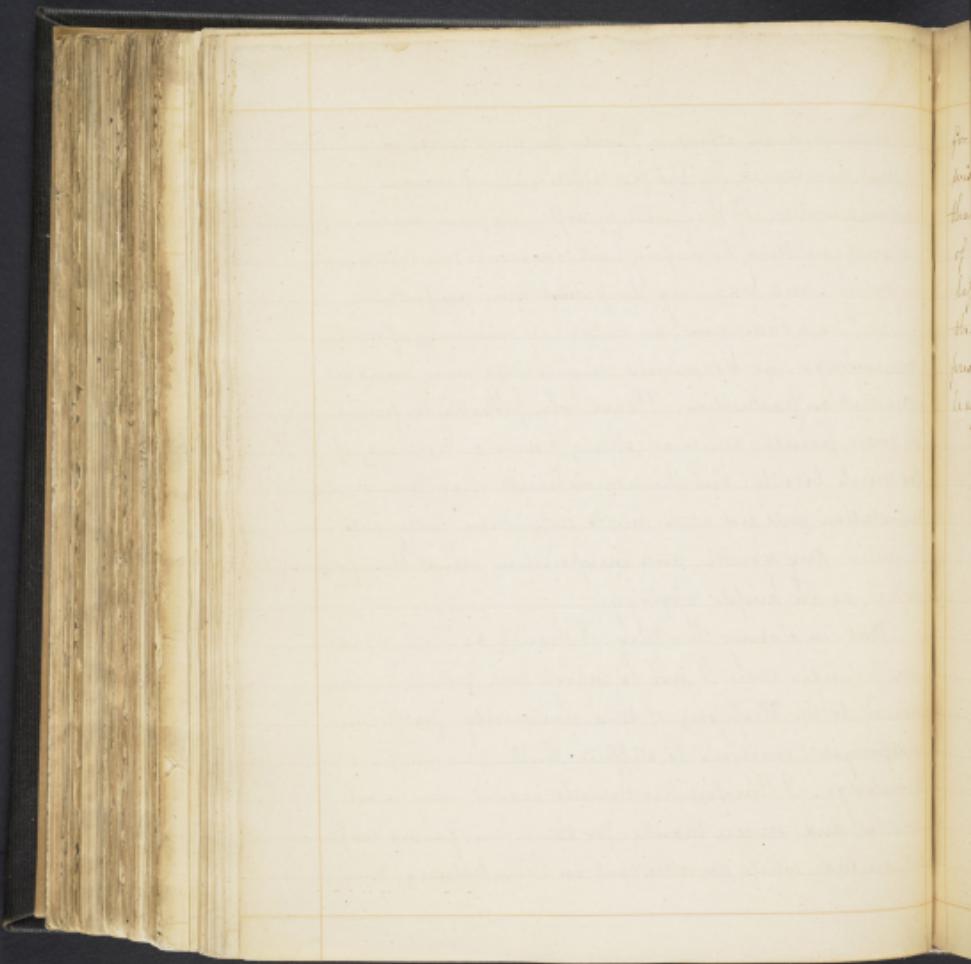
If the pain in the back, be severe which is sometimes the case, a warm plaster, may be applied.



In more moderate affections, when the pain is not so severe it may be allay'd by the free application of vinegar, or salt and water. If the pulse be soft, and pain continue, an anodyne may be safely had recourse to, as soing away irritation, and rendering the patient more comfortable.

I have thus given an imperfect summary of uterine Hemorrhage, as occurring during pregnancy, or as an attendant on parturition. I have been probably too prolix on some points, while on others I may be accused of too much brevity, but the narrow limits of an Encyclopedic Dissertation will not allow me to enter more fully into minutiae. My youth, and inexperience must therefore suffice, as an ample apology.

But in closing this Day, I should do violence to my feelings, were I not to express both gratitude and respect, to the Professors of this University, for their indefatigable exertions to diffuse Truth, and impart knowledge. I therefore beg them to accept, my most cordial and sincere thanks, for the many favors conferred on me, while an attendant on their lectures, and



for the ample opportunities afforded me for instruction,
wishing them uninterrupted health, and sincerely hoping
that they may long continue as the eminent cultivators
of science, by retaining those situations which reflect not
less honor on their country, than they do credit to
themselves, and may the Institution over which they
preside continue to flourish, and become the proudest
leaf in the chapter of our national glory.

